

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:

**04-08**

2. STATE

**Louisiana**3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

**July 1, 2004**5. TYPE OF PLAN MATERIAL (*Check One*):☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENTCOMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:

**42 CFR 440.130**

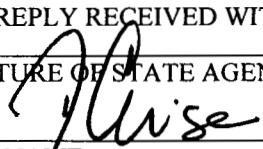
7. FEDERAL BUDGET IMPACT:

a. FFY **2004****\$0.00**b. FFY **2005****\$0.00**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

**Attachment 3.1-A, Item 13.d., Pages 5, 6, and 8****Attachment 3.1-A, Item 13.d., Page 7****Delete Attachment 3.1-A, Item 13.d., Page 9****Attachment 4.19-B, Item 13.d., Page 2****Attachment 4.19-B, Item 13.d., Page 3****Attachment 4.19-B, Item 13.d., Page 4**9. PAGE NUMBER OF THE SUPERSEDED PLAN  
SECTION OR ATTACHMENT (*If Applicable*):**Same (TN 95-53)****Same (TN 98-08)****TN 98-08****Same (TN 98-08)****Same (TN 03-41)****Same (TN 95-53)**10. SUBJECT OF AMENDMENT: **The purpose of this amendment is to establish a fee for service reimbursement methodology for Mental Health Rehabilitation Services and revise the service definitions.**11. GOVERNOR'S REVIEW (*Check One*):☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:**The Governor does not review state plan material.**

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

**Frederick P. Cerise, M.D., M.P.H.**

14. TITLE:

**Secretary**

15. DATE SUBMITTED:

**March 29, 2004**

16. RETURN TO:

**State of Louisiana  
Department of Health and Hospitals  
1201 Capitol Access Road  
PO Box 91030  
Baton Rouge, LA 70821-9030****FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

**31 MARCH 2004**

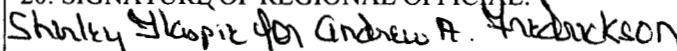
18. DATE APPROVED:

**10 JUNE 2004****PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

**1 JANUARY 2005 \***

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

**ANDREW A. FREDRICKSON**

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR

DIV OF MEDICAID &amp; CHILDREN'S HEALTH

23. REMARKS:

**\* Per State's e-mail request of 5/18/2004.**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

Attachment 3.1-A  
Item 13.d., Page 5

STATE OF LOUISIANA

AMOUNT DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED  
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED BELOW:

<u>CITATION</u>	Medical and Remedial	II. Mental Health Rehabilitation Services
42 CFR	Care and Services	
440.130	Item 13.d. (cont'd)	A. Definition

Mental Health Rehabilitation services are those medically necessary services recommended by a physician or other licensed practitioner of the healing arts provided by or under the supervision of a physician or a licensed mental health professional which are necessary to reduce an individual's disability resulting from mental illness and to restore that individual to his best possible functioning level in the community.

B. Service Definitions

The services are defined as follows:

**Assessment** is a comprehensive, clinical evaluation of the individual to determine strengths and needs with regards to functional skills and environmental resources that will enable the recipient to attain a successful and satisfactory community adjustment. The assessment will be used as the basis for the service planning process and will result in a service agreement.

**Service Planning** is the process of developing the recipient's service agreement, periodically reviewing the progress toward the goals of the service agreement, and modifying the service agreement as indicated. The service agreement is an individualized, structured, goal-oriented schedule of services developed jointly by the recipient and treatment team. The service agreement must identify goals, objectives, action strategies, and services which are based on the results of an assessment. The service agreement must be approved by the Bureau or its designee prior to the delivery of services.

SUPERSEDES: TN- 95-53

STATE <u>Louisiana</u>	A
DATE REC'D <u>3-31-04</u>	
DATE APPROV'D <u>6-16-04</u>	
DATE EFF <u>1-1-05</u>	
HCFA 179 <u>04-08</u>	

**Community Support Services** consist of mental health and substance abuse rehabilitative services and supports

TN# 04-08 Approval Date 6-16-04 Effective Date 1-1-05  
Supersedes  
TN# 95-53

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to assist the person in achieving rehabilitative and recovery goals. The service activities of community support consist of a variety of interventions. These interventions include identification and intervention to address barriers that impede the development of skills necessary for independent functioning in the community. It also includes one-on-one interventions with the recipient to develop interpersonal and community coping skills, including adaptation to home, school and work environments, symptom monitoring and self management of symptoms. The focus of the interventions include minimizing the negative effects of psychiatric symptoms which interfere with the consumer's daily living, financial management, and personal development; developing strategies and supportive interventions for avoiding out-of-home placements for adults and children; assisting recipients to increase social support skills that ameliorate life stresses resulting from the recipient's disability and coordinating rehabilitative services in the service agreement.

**Medication Management** is provided to: 1) assess, 2) monitor a recipient's status in relation to treatment with medication, 3) instruct the recipient or his/her family, significant others or caregivers of the expected effects of therapeutic doses of medications, or 4) to administer prescribed medication when ordered by the physician as part of a mental health rehabilitation plan which is inclusive of additional rehabilitation services and supports. It is delivered face to face with the recipient and/or their family and may not be delivered in a group setting.

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**Individual Intervention** is a professionally delivered psychotherapeutic intervention provided individually and face to face to the recipient for the purpose of rehabilitating and restoring him/her to an optimal level of functioning. These psychotherapeutic interventions are structured and time limited.

SUPERSEDES TN# 95-53

TN# 04-08 Approval Date 6-10-04 Effective Date 1-1-05  
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AMOUNT DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

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**Parent/Family Intervention** is a therapeutic intervention involving the recipient and one or more of his/her family members. This service includes therapeutic strategies provided individually and face-to-face between two or more family members or significant others and the therapist for the purpose of achieving the objectives identified in the service agreement. Services are directed to treatment of the recipient.

**Group Counseling** is a treatment modality using face-to-face, verbal interaction between 2 or more persons and the therapist to promote emotional, behavioral or psychological change as identified in the service agreement of each group member.

**Group Psychosocial Skills Training** is a therapeutic, rehabilitative, skill building service for a group of eligible recipients to increase and maintain competence in normal life activities and gain the skills necessary to allow them to remain in or return to the community. It is designed to increase the recipient's independent function in his/her living environment.

C. Limitations

The covered services are available only to Medicaid eligible recipients who have a written service plan which contains medically necessary services recommended by a physician or other practitioners operating within the scope of state law. Prior approval is required for all services identified in the service agreement and for extensions beyond the initial authorization limits.

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D. Prior Authorization

Each service requires prior authorization.

SUPERSEDES TN- 98-08

TN# 04-08 Approval Date 6-10-04 Effective Date 1-1-05  
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STATE OF LOUISIANA

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LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED  
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED BELOW:

E. Provider Standards

Provider qualifications to render services are ensured by compliance with requirements and standards of national accreditation organizations such as the Joint Commission on Accreditation for Healthcare Organizations (JCAHO), Commission on Accreditation for Rehabilitation Facilities (CARF), Council on Accreditation of Services for Children and Families, Inc. (COA) and/or state certification. Providers are required to meet all applicable licensure and certification requirements, hold a current license and adhere to scope of practice definitions of licensure boards.

SERVICE LIMITATIONS ARE NOT APPLICABLE TO EPSDT RECIPIENTS WHEN SUPPORTED BY  
MEDICAL NECESSITY

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SUPERSEDES TN- 95-53

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MEDICAL ASSISTANCE PROGRAM

ATTACHMENT 4.19-B  
Item 13.d., Page 2

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

<u>CITATION</u>	Medical and Remedial	
42 CFR	Care and Services	4. The rehabilitation services provider has evaluated the client and submitted a copy of its proposed plan of services to the Prior Authorization Unit for approval.
447.304	Item 13.d.(cont'd.)	5. The rehabilitation services provider has agreed to provide evaluation reports as requested by the Prior Authorization Unit when the plan is approved.
440.130		6. The BHSF Prior Authorization Unit has approved the plan of treatment.

II. Rehabilitation Services for Mental Illness

A. Reimbursement Methodology

Providers of mental health rehabilitation services will be reimbursed according to a published state fee schedule. Private and public providers will be paid the same rates.

The reimbursement methodology is based on a comparative survey of rates paid in several other states for similar behavioral health services with an adjustment made for economic factors in Louisiana.

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HCFA 179 <u>04-08</u>	

SUPERSEDES TN# 98-08

TN# 04-08

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Effective Date 1-1-05

Supersedes

TN# 98-08

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

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PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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HCFA 179 <u>04-08</u>	

SUPERSEDES TN- 03-41

TN# 04-08  
Supersedes

Approval Date 6-10-04

Effective Date 1-1-05

TN# 03-41

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MEDICAL ASSISTANCE PROGRAM

ATTACHMENT 4.19-B  
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STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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